

PLAINTIFF/PETITIONER/MOVANT'S NAME

Karen DerMargosian

PRISON NUMBER

FILED

08 JUN 26 PM 3:25

CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

PLACE OF CONFINEMENT

ADDRESS

9914 Mission Viega Rd., #1
Santee, CA 92071

BY:

EC

DEPUTY

United States District Court
Southern District Of California

08 CV 1145 JM WMc

Civil No. _____

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

Plaintiff/Petitioner/Movant

v.

Defendant/Respondent

MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS

I,

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to question 2)

If "Yes," state the place of your incarceration

Are you employed at the institution?

Yes No

Do you receive any payment from the institution? Yes No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

CR

2. Are you currently employed? Yes No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?:

- a. Business, profession or other self-employment Yes No
- b. Rent payments, royalties interest or dividends Yes No
- c. Pensions, annuities or life insurance Yes No
- d. Disability or workers compensation Yes No
- e. Social Security, disability or other welfare Yes No
- f. Gifts or inheritances Yes No
- f. Spousal or child support Yes No
- g. Any other sources Yes No

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

Social Security Disability is \$628.00 a month

4. Do you have any checking account(s)? Yes No

- a. Name(s) and address(es) of bank(s): Citibank 5332 Jackson Dr. La Mesa CA 91941
- b. Present balance in account(s): \$300.00

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? Yes No

- a. Name(s) and address(es) of bank(s):
- b. Present balance in account(s):

6. Do you own an automobile or other motor vehicle? Yes No

- a. Make: Toyota Year: 1997 Model: Tercel
- b. Is it financed? Yes No
- c. If so, what is the amount owed?

Car is used for medical purposes, should be exempt

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

Yes No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

Utilities (gas/electric, phone, etc) \$200
 Gas \$150
 Food \$200
 Car ins \$80

 \$630

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

6/24/08
 DATE

Karen Demargis

SIGNATURE OF APPLICANT